

**City of Goodyear
Public Works Dept.
Pretreatment Program
F.O.G. Inspection Report**



Business Name:	Phone: ()
Address:	SIC Code:
Contact Name:	Quarter Section:
Title:	Manhole #:

Type of Business				Device Type		Device Size			
<input type="checkbox"/>	Restaurant	<input type="checkbox"/>	Bakery	<input type="checkbox"/>	Grease Trap	<input type="checkbox"/>	50/100	<input type="checkbox"/>	1050
<input type="checkbox"/>	Auto Shop	<input type="checkbox"/>	Deli/Market	<input type="checkbox"/>	Grease Interceptor	<input type="checkbox"/>	350	<input type="checkbox"/>	1200
<input type="checkbox"/>	Car Wash	<input type="checkbox"/>	School	<input type="checkbox"/>	Sand/Oil Interceptor	<input type="checkbox"/>	500	<input type="checkbox"/>	1500
<input type="checkbox"/>	Grocery Store	<input type="checkbox"/>	Salon	<input type="checkbox"/>	Lint Trap	<input type="checkbox"/>	750	<input type="checkbox"/>	2500
<input type="checkbox"/>	Laundry Mat	<input type="checkbox"/>	Pet Grooming	<input type="checkbox"/>	Hair Trap	<input type="checkbox"/>	Other		
<input type="checkbox"/>	Nursing Home	<input type="checkbox"/>	Other	<input type="checkbox"/>	Rendering Bin	<input type="checkbox"/>	Flow Control	<input type="checkbox"/>	Yes <input type="checkbox"/> No

Interceptor Condition					
	First Chamber	Second Chamber	Third Chamber	Comments	
Grease Mat Thickness					
Solid Depth					
Water Level					
Over All Condition	<input type="checkbox"/> Good	<input type="checkbox"/> Adequate	<input type="checkbox"/> Poor	<input type="checkbox"/> Need Cleaning	
Device Location	<input type="checkbox"/> Inside Facility		<input type="checkbox"/> Outside Facility	<input type="checkbox"/> Shared Device	
GPS Location					

Maintenance Records				
Pumping Company:	Records Available	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Pumping Frequency:	Self-Serviced	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Last Serviced / /	New Installation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Fixture Count				
<input type="checkbox"/>	3 Comp Sink	<input type="checkbox"/>	Garbage Disposal	<input type="checkbox"/> Mop Sink
<input type="checkbox"/>	Prep Sink	<input type="checkbox"/>	Floor Sink	<input type="checkbox"/> Hand Sink
<input type="checkbox"/>	2 Comp Sink	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/> Wok
<input type="checkbox"/>	Dish Washer	<input type="checkbox"/>	Trench Drain	<input type="checkbox"/> Other

Additional Information						
Backflow Assembly on Site				Premise Code		Customer Code
<input type="checkbox"/> DC	<input type="checkbox"/> PVB	<input type="checkbox"/> AVB	<input type="checkbox"/> Sewer Code	<input type="checkbox"/> Meter Number		
<input type="checkbox"/> RP	<input type="checkbox"/> SVB	<input type="checkbox"/> None	Assembly Number			

Actions and Enforcement						
Was a correction notice issued	<input type="checkbox"/> Yes	<input type="checkbox"/> No	d	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Notice of Violation issued	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Requested device to be replaced	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Follow up Required	<input type="checkbox"/> Yes	<input type="checkbox"/> No	NOI issued or on file	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Addition Comments:						
Inspector						Date
Data entry completed	<input type="checkbox"/> Yes	<input type="checkbox"/> No				